U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 379/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | |
|--|--|--|
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | |
| Name William R Sordal | Name I.A.T.S.E. Local 80 | |
| | Labor Organization File Number 006-114 | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | |
| Street 6511 W. 84th Street | Street 2520 W. Olive | |
| City Westchester | City Burbank | |
| State California ZIP Code + 4 90045 | State California ZIP Code + 4 91505 | |
| 5. Position in labor organization. Executive Board Member of Loc | eal 80 | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of | | |
| monetary value from an employer whose employees your organizati | on represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. Rentals for production use in the Motion Picture | |
| Name SEE ATTACHMENT | Industry. | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | |
| Street | r.b. Amount. | |
| City | \$425 | |
| State ZIP Code + 4 | | |
| Signature | | |
| 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see | ying documents), has been examined by the signatory and is, to the best of the | |
| Signed Nilluin R. Joseph | On July 7 th 2005 310 670 - 4421 Date Telephone Number | |
| Form I M 30 (2003) | | |

| Name of Person Filing William Sordal | File Number U- 374/ | |
|--|--|--|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | wise dealing with the business vely seeking to represent, or lirectly to, or otherwise | |
| 8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | |
| 10. If 9.b. or 9.c, is checked give trust or employer's name. | 11.a. Nature of such dealing. | turbos relicional distribution of |
| Name | | anne de la company de la compa |
| To all Alexander of the second | V North Control of the Control of th | acquire de propriée de |
| Trade Name, if any: | | onne de la constante de la con |
| P.O. Box, Bldg., Room No., if any | | es direct revenience |
| Street | 11.b. Approximate dollar value of such dealing. | |
| City | 12.a. Nature of interest held or income received. | |
| State ZIP Code + 4 | | |
| | | |
| | 12.b. Amount. | |
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | convenience and a |
| | | ACA SEE STATE OF STAT |
| Name | | NATIONAL PROPERTY OF THE PROPE |
| Trade Name, if any: | | *************************************** |
| P.O. Box, Bldg., Room No., if any | | Managon et 115 acommuni |
| Street | | payer memory dependent |
| City | | downstall for the state of |
| State ZIP Code + 4 | | |
| 13,b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | (max 1 m m m m m m m m m m m m m m m m m m |

Warner Brothers Television Production Inc. 300 Television Plaza Burbank, CA 91505

"The Macgregors" Pilot

For various lighting equipment for production lighting. \$50./week for 2 weeks of rentals "Untitled Joel Stein / Mc Call Projects" Pilot
For various lighting equipment for production lighting. \$50./week for 2 weeks of rentals

Eye Production 4024 Radford Ave., Bldg #5, 2nd FL Studio City, CA 91604

"Half & Half"

Dolly wheels rental for production use for movement of camera. \$75./week for 3 weeks of rentals